

DEPARTMENT OF ADMINISTRATION — DIVISION OF TAXATION

One Capitol Hill • Providence, Rhode Island 02908

EXCISE SECTION

REQUISITION FOR CIGARETTE TAX STAMPS

(STAMPS FOR CIGARETTE ROLLING PAPER ONLY)

Date.....20.....

Name.....

Address .....

Address .....

Dealer.....Distributor.....License No. ....

Is this Cash.....Charge Order.....

This space for Tax  
Division use only

Tax Office Use Only      Audit [ ]      Use Tax [ ]      Carrier [ ]

**PREPARE THIS ORDER IN DUPLICATE, KEEPING THE WHITE COPY FOR YOUR FILES.  
SUBMIT THE PURPLE COPY TO THE DIVISION OF TAXATION AT TIME OF PURCHASE.**

**(PLEASE ORDER STAMPS IN UNBROKEN SHEETS OF 100)**

**UNLESS YOU HAVE ARRANGED CREDIT, ENCLOSE A REMITTANCE FOR  
THE NET AMOUNT OF THIS ORDER PAYABLE TO TAX ADMINISTRATOR**

*Please furnish the Cigarette Tax Stamps listed below.*

NUMBER OF STAMPS	CRP DENOMIN- ATIONS	VALUE	TAX DIVISION ONLY — CRP STAMP SHEET NUMBERS			
			BEGINNING NUMBER	ENDING NUMBER	NUMBER OF STAMPS	
	(24's) \$1.584 Purple					
	(32's) \$2.112 Purple					
	(48's) \$3.168 Purple					
	(50's) \$3.30 Purple					
	(100's) \$6.60 Purple					
	Other					
TOTAL FACE VALUE STAMPS						
1.25% DISCOUNT ALLOWED LICENSED DISTRIBUTORS ONLY						
NET VALUE OF ORDER						

THIS ORDER WILL NOT BE FILLED  
UNLESS SIGNED

THE UNDERSIGNED HAS RECEIVED THE CIGARETTE  
ROLLING PAPER STAMPS LISTED ABOVE.

Distributor or Dealer

Authorized Agent

Date